MAY 3 1 2006

VENABLE LLP

575 7th Street, NW Washington, D.C. 20004-1601 (202) 344-4000, Fax (202) 344-8300

WASHINGTON, DC - MARYLAND - VIRGINIA- NEW YORK

### FAX COVER SHEET

DATE:	May 26, 2006					
TO FAX NO:	(571) 273-0830					
DELIVER TO:	Examiner Minh-Tam DAVIS					
FIRM NAME:	United States Patent and Trademark Office – Group 1642					
FROM:	Nancy J. Axelrod, Ph.D. (202) 344-8334 njaxelrod@venable.com					
TOTAL NO. OF PAGES (INCLUDING THIS PAGE):	7					
RE:	U.S. Patent Application No. 09/743,825 – CHAQUI et al.					
OUR REFERENCE NO.:	31978-202420					

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Attorney/LAA:	NJA/SJB
TO Due Date:	N/A
Date Filed:	MAY 26, 2006
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Venable Filing Number	-	G	TM Official azette Date:	
Atty. Docket No:	31978-202420			
Re:	"PB39, A GENE DYSREGULATED IN PROSTATE CANCER, AND USES THEREOF" -	_		
	Rodrigo F. CHAQUI et al.			
Application No:	09/743,825	-	ppi'n Filing Date:	JANUARY 15, 2002
Patent No.:			lssue Date:	
The folio	owing Itams were received from Venable, Washington, D.C	3., by t	he U.S. Patent	& Trademark Office:
			<u>U.S. PTC</u>	O FEES ENCLOSED
▼ TRANSMITTAL	FORM			Filing Fee
FEE TRANSMI	TTAL LETTER			
New U.S. Utility Ap	plication ( pages of specification/claims) mai Drawings ( Sheets, Figs)			Surcharge Fee
Invention Declaration	<del></del>			Additional Clalm Fea
	e Application of PCT Application national Application			Recordation/Indexing Fee
New U.S. TM Appli				_
Substitute Specific			<del></del>	IDS Fee
Rule 53(b) Continu	ation or Divisional Application (attach copy of specification, & declaration)	•		Extension Fee
Priority Document-	Cert. Copy of Appin.#: ; Country			Notice of Appeal Fee
	ued Examination (RCE) under 37 CFR 1.114			Brief on Appeal Fee
Application Data S	heet ·			
Assignment w/Cov IDS w/ PTO SB/08				Oral Hearing Request Fee
Amendment SUBMISSION	OF ASSIGNEE CONSENT TO CORRECT			Petition Fee
INVENTORSH	IP; ASSIGNEE CONSENT UNDER 37 C.F.R.			
§ 1.48(d) Petition For Extens	sion Of Time			Issue Fee
Notice of Appeal Appeal Brief (in tri	(n.R			Publication Fee
☐ ☐ Reply Brief (in	triplicate)/ 🔲 Request for Oral Hearing			Publication Fee
Confirmation of He				Maintenancé Féé
Certificate of Corre				TM Statement of Use
Power of Attorney	e to File Missing Parts			8 Affidavit Fee
Response to Notic	e to File Missing Requirements			8 and 15 Affidavil
Petition to Revive	iction Requirement			TM Renewal Application Fee
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Request for Non-P	ublication d Non-Publication Request			TM Extension of Time Fee
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PTO/SB/21 (08-00)

TRANSMITTAL FORM  (to be used for all correspondence efter Intitlet filing)  (to be used for all correspondence efter Intitlet filing)  Total Number of Peges in This Submission  ENCLOSURES (shock est that apply)  ENCLOSURES (shock est that apply)  ENCLOSURES (shock est that apply)  Fee Attached  Assignment Papers  (or an Application)  After Allowance Communication to Group  Appeal Communication  After Allowance Communication  Appeal Communication  Appeal Communication  Correspondence Address  Appeal Communication  After Allowance Communication  Appeal Communication  Appeal Communication  After Allowance Communication  Correspondence Address  Terminal Disclasions  Terminal Disclasions  Request for Refund  Contributed Copy of Priority  Response to Missing Parts  Incomplete Application  Response to Missing Parts  Incomplete Application  Response to Missing Parts Under 37  CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Nancy J. Axelroid, Ph.D.  Patent Appeal  ATENT TRADEMARK OFFICE  Signature  Appeal Communication  CERTIFICATE OF MAILING  In hareby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope  addressed to Commissionar for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b  In his date:  Typed of printed name  Signature  Data	Please type a plus sign (+) inside this box - Under the Paperwork Reduction Act of 1995, no p		.U guired to re	P Detect and T	tromake	Office: U.S. D	gh 10/31/2002. OMB 0851-0031 DEPARTMENT OF COMMERCE displays a valid OMB control number.	
FORM (to be used for all correspondence after initial filing)  Total Number of Pegas In This Submission 5 Attorney Docket Number 31978-202420    Examiner Name		-						
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Examiner Name Minh-Tam DAVIS  Total Number of Pages In This Submission 5 Attorney Docket Number 31978-202420    ENCLOSURES (check all that apply)	FORM		First N	amed inven	tor	Rodrigo F	, CHAQUI	
Examiner Name Minh-Tam DAVIS  Total Number of Pages In This Submission 5 Attorney Docket Number 31978-202420    ENCLOSURES (check all that apply)	(to be used for all correspondence after infl	lel filing)	Group Art Unit		1842			
See Transmittal Form (No Fee)	•		Exami	ner Name	1	Minh-Tam DAVIS		
Assignment Papers	Total Number of Pages In This Submission	5	Attorn	ey Docket N	umber	31978-20	2420	
Fee Transmittal Form (No Fee)		ENCL	OSURES	(check all that	apply)			
Fee Attached	Fee Transmittal Form (No Fee)						llowance Communication to	
Artendment / Response   Decision   Petition   Proprietary Information   Provisional Application   Provisional Applicatio	Fee Attached	☐ Draw	ing(s)					
Patition to Convert to a   Provisional Application   Submission of Assignee Consent to Correct Inventorship; Assignee Consent to Correct Inventorship; Assignee Consent under 37 C.F.R. § 1.48(d)   Other Enclosure(s)	Amendment / Response	Licen	sing-relat	ed Papers				
Affidavits/declaration(s)	After Final	☐ Petiti	on			Proprie	etary Information	
Extension of Time Request	Affidavits/declaration(s)					Correct Inventorship; Assignee		
Request for Refund	Extension of Time Request					☐ Other	Enclosure(s)	
Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts Under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Or Patent Agent Reg. No. 44,014  Signature  May 26, 2006  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b  On this date:	Express Abandonment Request							
Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts Under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Or Patent Agent Reg. No. 44,014  Signature  Date  May 26, 2006  CERTIFICATE OF MAILING  I hereby cartify that this correspondence is being deposited with the United States Postal Service as first class mall in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b  Typad or printed name	Information Disclosure Statement	☐ CD. 1	Yumber o	f CD(s)				
Incomplete Application Response to Missing Parts Under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Or Patent Agent Reg. No. 44,014  Signature  Dete  May 26, 2006  CERTIFICATE OF MAILING  I hereby cartify that this correspondence is being deposited with the United States Postal Service as first class mall in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b  Typad or printed name		Rem	arks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Or Patent Agent Reg. No. 44,014  Signature May 26, 2006  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mall in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:  Typed or printed name								
Firm or Individual name Reg. No. 44,014  Signature May 26, 2006  CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mall in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:  Typed or printed name								
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CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mall in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:  Typed or printed name	or Patent Age							
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addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date:  Typed or printed name	CERTIFICATE OF MAILING							
Signature Date	Typed or printed name							
	Signature					Date		

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Application Number   Og/743,025   FEE TRANSMITTAL   FOF FY 2006   Samularity   Sa	Under the Peperwork Reduction Act of 1	995, no person are required t	to reapond to a collection	of information u	to if Known	A ASIST ONID OF	AIRCH HUMBON
FEE TRANSMITTAL FOR FY 2006  Final parts of many 15, 2002 Pinal Named Invantor Reddings F. CHAQUI Examinar Name Minin-Tam DAVIS  Applicant claims small entity status. See 37 CFR 1,27 At Unit  Applicant claims small entity status. See 37 CFR 1,27 At Unit  TOTAL AMOUNT OF PAYMENT (s) - 0 - Attorney Dockal No. 31978-202420  METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please Totha Abovount Deposit Account Name 22-0281) Deposit Account abovo-identified deposit account, the Director is horoby authorized to: (check all that apply)  Charge fee(s) Indicated below  Charge fee(s) Indicated below Tothary and additional fee(s) or underpayment of fee(s) under 37 CFR 1,16 and 1,16  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  The Abail Filing SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARC	Effective on 12/08/2	Complete if Known					
FOR FY 2006  Applicant claims and entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (3) - 0 - Atomey Docket No. 31978-202420  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Johns (please LLP)  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Venable LLP  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Venable LLP  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Venable LLP  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Venable LLP  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Venable LLP  For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filing fee will be feet of the filing feet of the filing feet of the filing feet of the filing feet feet of the filing feet of the filing feet of the filing feet feet of the filing feet feet of feet feet of feet of feet of feet feet							
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Check Credit Card Money Order None Other (please Account Deposit Account Number: 22-0281 papeat Account Name: Venable LLP  For the above-Identified deposit account, the Director is hereby authorized to: (check all thet apply)  X Charge any additional fee(s) or underpayment of Charge fee(s) indicated below, except for the filling fee (s) under 37 CFR 1.16 and 1.17  FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  Semal Entity Application Type Fee (s) Fee (s			Author Doores				
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Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee Paid (\$)  Multiple Dependent Claims  Fee Paid (\$)  MP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP - highest number of total claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  A. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  Submitted BY  Stgnature  Registration No. 44,014  Telephone (202) 344-4000	2. EXCESS CLAIM FEES						
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)  -100 = /50 (round up to a whole number) x = // Fees Paid (5)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 44,014 Telephone (202) 344-4000	Indep. Claims Extra Claims	Fee (\$)Fe	e Paid (\$)				
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Total Sheets Extra Sheets Number of each additional 60 or fraction thereof Fee (5) Fee (5) Fee Paid (5)  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  Submitted by  Signature  Registration No. [Attorney/Agent) 44,014 Telephone (202) 344-4000	listings under 37 CFR 1.52(	e)), the application si:	ze fee due ls \$250	(\$125 for s	mall entity) f	for each ac	iditional 50
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	1 14 1 1 1	i, Ph.D. – Patent Age			Data	May 26	, 2006

### MAY 3 1 2006

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Rodrigo F. CHAQUI et al.

Application No.: 09/743,825

Filed: January 15, 2002

For: PB39, A GENE DYSREGULATED IN

PROSTATE CANCER, AND USES

THEREOF

Confirmation No.: 8611

Art Unit: 1642

Examiner: Minh-Tam DAVIS

Atty. Docket No. 31978-202420

Customer No.: 26694 PATENT TRADEMARK OFFICE

#### SUBMISSION OF ASSIGNEE CONSENT TO CORRECT INVENTORSHIP

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Pursuant to counsel's recent telephone conversations with Examiner Davis, Applicants herewith submit an Assignee Consent Under 37 C.F.R. § 1.48(d) to the Request to Correct Inventorship (adding Michael R. Emmert-Buck as an inventor) that was filed with the Patent and Trademark Office on November 9, 2004.

Respectfully submitted,

Date: May 26, 2006

Nancy J. Axelrod, Ph.D.

Patent Agent

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### MAY 3 1 2006

Docket No.: 31978-202420

(PATENT)

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Chuaqui et al.

Application No.: 09/743825

Confirmation No.: 8611

Filed: January 15, 2002

Art Unit: 1642

For: P

PB39, A GENE DYSREGULATED IN

PROSTATE CANCER, AND USES

THEREOF

Examiner: M. T. B. Davis

USPTO Customer No.: 45323

### ASSIGNEE CONSENT UNDER 37 C.F.R. § 1.48(d)

MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

The Government of the United States of America, as represented by the Secretary, Health and Human Services, National Institutes of Health, Office of Technology Transfer, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852-3804, is the assignee of this application. The original inventors executed an Assignment on 01/12/2004, 02/03/2004 and 01/13/2004. The executed Assignment was submitted with a Recordation Form coversheet on 02/03/2004. The

Application No.: 09/743825

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in which was submitted on

Docket No.: 31978-202420

undersigned hereby consents to the Request to Correct Inventorship, which was submitted on 11/09/2004, adding Michael R. Emmert-Buck as an additional inventor.

Date: May 25,2006

Respectfully submitted

The Government of the United States of America, as represented by the Secretary, Health and Human

Services

National Institutes of Health Office of Technology Transfer 6011 Executive Boulevard, Suite 325 Rockville, MD 20852-3804

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